

DECLARATION FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe the named inventor(s) to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

INHALATION THERAPY DEVICE

the specification of which:

☐ is attached hereto;

☒ was filed on April 29, 2005, as United States Application No. 10/533,430, Confirmation No. 9003, bearing Docket No. P0777.70003US00.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §§119(a)-(d) or (f) and/or 35 U.S.C. §365(a) or (b) of any foreign application(s) for patent, PCT international application(s) designating at least one country other than the United States, inventor's certificate, or application(s) for plant breeder's rights listed below, and have also identified below any foreign application for patent, PCT international application, inventor's certificate and applications for plant breeder's rights having a filing date before that of the application on which priority is claimed:

			Priority Claimed		Certified Copy Attached?	
			YES	NO	YES	NO
EP 2003/012076	PCT	30/10/03	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(Number)	(Country-if PCT, so indicate)	(DD/MM/YY Filed)				
102 50 625.6	DE	30/10/02	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(Number)	(Country-if PCT, so indicate)	(DD/MM/YY Filed)				

The undersigned hereby appoints the following attorney(s) and/or agent(s) to prosecute this application and all related divisional, continuing, substitute, renewal, reissue, re-exam, and to conduct all business in the Patent and Trademark Office connected therewith:

☒ Practitioners associated with Wolf, Greenfield & Sacks, P.C.'s Customer Number:

23628

AND

☐ Practitioner(s) named below:

Name	Registration Number

☒ Direct all correspondence to the above-mentioned customer number

Address all telephone calls to William R. McClellan at telephone no. (617) 646-8000.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1-0 29.11.2005 Franz Feiner 29.11.2005
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Inventor's signature

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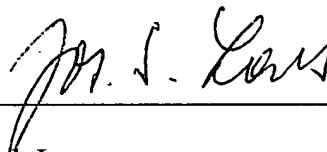
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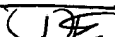
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